

1 copy State Supt.1 copy County Supt.1 copy School District

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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Judith Basin Stanford K-12 Schools 0464 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 84 42 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBL7T1C7XJ103590 226 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0464 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



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Due Dates: All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$0.95	
County Name		County Number	District Nan	ne		Legal Entity Number	
Judith Basin		23 Hobso		K-12 Schools		0469	
Route #	ength of Route	(miles per day)	Type of Ser	Type of Service ☐ Bus Route Mi		Rated Capacity	
3	10)		□ Non Bus Mile Bus Route Mileage		age 48	
Vehicle I.D. #	License #			ned [District Own	ed	
1GBL7T1J4VJ111528	1GBL7T1J4VJ111528 244		□ Contract - If so, Name of Owner □ Contracted rate per mile				
Reimbursement Distribution- Enter	r the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0469	Legal Entity		must match budget! Legal Entity		Legal Entity		
					_		
% 100.00 PASSENGER INFORMATION	%		%		%		
		ELEMENTARY	_	HIGH SCHOOL	_	TOTAL	
Number of Preschool/Kindergarter this route	n pupils riding	(Grades Pk	(-8)	(Grades 9-	12)	ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kind	dergarten riders)	NOMBE		NOWBE		d i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Se							
TOTAL ELIGIBLE RIDERS							
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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Judith Basin Hobson K-12 Schools 0469 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3A 138 48 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBL7T1J4VJ111528 244 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0469 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



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Due Dates: All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$0.95	
County Name		County Number Distric		District Name		Legal Entity Number	
Judith Basin		23	Raynesfo	Raynesford Elementary		0471	
Route #	ength of Route	(miles per day)		Type of Service ☐ Bus Route Mi		Rated Capacity	
1-A 7	6.4			□ Non Bus Mile Bus Route Mileage		age 24	
Vehicle I.D. #	License #				District Own	strict Owned	
1GDJG31R711115054	711115054 254		□ Contract - If so, Name of Owner □ Contracted rate per mile				
Reimbursement Distribution- Enter	the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity Legal Entity 0471			must match budget! Legal Entity		Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kindergarten this route	pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kind	ergarten riders)	NOMBE		NOWBEI	`	415	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Ser							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible)	in nuers)						
TOTAL RIDERS							
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area assigned to it by the County T Signature - Chair, County Transportation		committee.			Date		



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			SCIIC	101 Year 2005 - 2006			
This form is required in accordareceives state reimbursement e					e form for ea	ach bus route that	
		ŭ			F	Rate Per Mile	
Due Dates: All Routes			To County Supt To OPI October 1 October 1:		\$0.95		
County Name		County Number	District Nan	ne		Legal Entity Number	
Judith Basin	Judith Basin		Gevser F	Geyser Public Schools		0472 0473	
Route #	Length of Route	(miles per day)		Type of Service ☐ Bus Route Milea		Rated Capacity	
4-a(B.RILEY)	141.5		Bus Rout	□ Non Bus Mileag te Mileage	e	48	
Vehicle I.D. #	License #		□ District Ow	ned Dis	strict Own	ed	
1FDPB80C8SVA54181	247		□ Contract - If so, Name□ Contracted rate per mi		Owner		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be paid	d to each dis	trict. Note: Percentages	
Legal Entity	Legal Entity		atch budget! Legal Entity	,	Legal Entity		
0472	04	473					
% 50.00	% 50.	.00	%		%	%	
PASSENGER INFORMATION		ELEMENTA DV	DIDEDO	HIGH SCHOOL RI	DEDC	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		(Grades 9-12		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/l	Kindergarten riders)	NOWBER		HOMBER		u i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
	Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would						
otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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Signature - Chair, Board of Trustees	TTIOC area assig	Date					
					10 100 250		
This Application for Registration area assigned to it by the Country	n of School Bus and	d State Reimbursement		ordance with Section 20 wed and I certify that this b			
Signature - Chair, County Transport					Date		



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Rate Per Mile

Due Dates:

To County Supt
To OPI

Due Dates:		To County Supt October 1		To OPI		Rate Per Mile	
All Routes		Octob	er 1	October 15	``	\$0.95	
County Name		County Number	District Nam	ne		Legal Entity Number	
Judith Basin		23	Geyser Public Schools			0472 0473	
Route #	Length of Route	(miles per day)	Type of Service ☐ Bus Route Mi		•	Rated Capacity	
3-RAYNESFORD	3-RAYNESFORD 100		☐ Non Bus Milea Bus Route Mileage			48	
Vehicle I.D. #	License #	□ District Own		ned District Owned		ed	
1GBL7T1C51J511738	1GBL7T1C51J511738 253		Contract - If so, Name of Owner Contracted rate per mile				
Reimbursement Distribution- En	ter the legal entity		of state/county ch budget!	reimbursement to be pa	aid to each dist	trict. Note: Percentages	
Legal Entity	Legal Entity	у	Legal Entity		Legal Entity		
0472	O	473					
% 50.00	% 50	.00	%		%		
PASSENGER INFORMATION						_	
Number of Preschool/Kindergard this route	Number of Preschool/Kindergarten pupils riding this route		IDERS 8)	HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/k	HOMBER		HOMBEN		u i b		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
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		ommittee Approval as re					
This Application for Registration area assigned to it by the Count			as neell leview	ved and recitify that this	bus operates	within the transportation	
Signature - Chair, County Transporta		<u> </u>		Date			